| Case 2:06-cv-00928-ME  |  | 9/2006 Parterfusful  |
|--|--|--|
|  | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|  | <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A Signature  X mae a Shornell Agent Addressee  |
| •  | so that we can return the card to you.  Attach this card to the back of the mailpiece,   | B. Received by (Printed Name) C. Date of Delivery  |
|  | lullullullumbbbbbbbl   | address different from item 19 🖸 Yes   |
|  | Geno Lysykanyez, Nurse, Staton Health (  | er delivery paddress below:  |
|  | Staton Correctional Facility   | Care of the Control o |
|  | PO Box 56<br>Elmore, AL 36025  | D DAVIN  |
|  |  | 3. Şervice Type  |
|  |  | Certified Mail  Express Mail   |
| service of the servic |  | ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail* ☐ C.O.D.  |
|  | · · · · · · · · · · · · · · · · · · ·  | 4. Restricted Delivery? (Extra Fee)  |
|  | 2. Article Number 7005 3.AZC   | בסות בחחח ו  |
|  | (Transfer from service label, 7005 1820 0002 3461 2601 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M   |  |
|  | Po Form 3011, February 2004 Domestic Rei   | turn Receipt 102595-02-M-1540  |
|  | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|  |  | A. Signature   |
|  | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  | Agent  |
|  | Print your name and address on the reverse<br>so that we can return the card to you.   | B. Received by (Printed Name) C. Date of Delivery  |
|  | M Attach this sand to the head - 44th  | Angela Thornell 1/8/06   |
| A Comment of the Comm | التالية السلطية التالية التوالية التوالية التوالية التوالية التوالية التوالية التوالية التوالية التوالية التوا   | very address different from item 17  |
| ;  | Prison Health Services, Inc. Staton Correctional Facility  | y, enter derivery address policies.  |
|  | PO Box 56  | 1110011428   |
|  | Elmore, AL 36025   | - UG OD d CMP  |
|  |  | 3. Service Type  |
|  |  | B-Certified Mail D-Express Mail B-Registered B-Return Receipt for Merchandise  |
|  |  | ☐ Insured Mail ☐ C.O.D.  |
|  |  | 4. Restricted Delivery? (Extra Fee)  |
| •  | 2. Article Numbe 7005 1820 0002  | 3461 2571  |
|  | 9S Form 3811, February 2004 Domestic Re  | turn Receipt 102595-02-M-1540  |
|  | TELL WV ADBEES, FOLD AT DOTTED LINE  | OF THE RE  |
|  | SENDER: C THE RIGHT TO FOR ENVELOPE TO THE PROPERTY OF THE PRO | JON ON DELIVERY  |
|  | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  | A. Signature   |
|  | Print your name and address on the reverse so that we can return the card to you.  | A CHARLA MOUNTE Addressee  |
|  | Attach this card to the back of the mailpiece,<br>or on the front if snace permits   | B. Received by (Printed Name) C. Date of Delivery  |
|  | 1  | ss different from item 1? \(\frac{1}{\Delta}\rangle \text{Yes}\) livery address below: \(\Qmathbb{\Q}\) No   |
|  | " Infinitellational Month Core Unit  | livery address below: LI No  |
|  | Dr. Cobier, Staton Health Care Unit Staton Correctional Facility   | Dloch 19 28  |
|  | PO Box 56  | Un France  |
|  | Elmore, AL 36025   |  |
|  |  | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise   |
|  |  | ☐ Insured Mail ☐ C.O.D.  |
|  | 2 All Mark   | 4. Restricted Delivery? (Extra Fee)  |
|  | 2. Article Number 7005 1820 0002   | 3461 2670  |
|  | PS Form 38 i 7, February 2004 Domestic Ret   |  |

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